

REQUEST FOR PATENT FEE REFUND

10/520084

1 Date of Request: _____

2 Serial/Patent # _____

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

☒

Filing

1

1/5/05

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

☒

Overpayment

Credit Deposit A/C #:

Duplicate Payment

9

14--1140

No Fee Due (Explanation): _____

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. JohnsonTITLE: paralegalSIGNATURE: A. JohnsonPHONE: 308-9140OFFICE: PCT*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: